POSITION ID NO. DATE **CLASSIFIER EXAMINER TYPIST VERIFIER** CORPS CORR. SPEC. HAND FILE MAINT. DRAFTING

INDEX OF CLAIMS

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Date

(LEFT INSID ")

(Through numberal) Canceled

UTILITO'8 /

SERIAL NUMBER

Foreign priority claimed :35 USC 119 conditions met

Verified and Acknowledged —

PARTS OF APPLICATION FILED SEPARATELY

NOTICE OF ALLOWANCE

ISSUE FEE

Amount Due 1270,00

Date Pai

Label Area

Form PTO-436A